Fill in this information to identify your case:

United States Bankruptcy Court for the:
DISTRICT OF MARYLAND

Case number (if known): ____________

Chapter you are filing under:

- ☑ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	**Josephine** First Name Middle Name **Cazares-Adams** Last Name Suffix (Sr., Jr., II, III)	First Name Middle Name Last Name Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years Include your married or maiden names.	**Josephine** First Name Middle Name **Cazares** Last Name	First Name Middle Name Last Name
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	**xxx – xx – 7 1 7 4** OR **9xx – xx –** ____	**xxx – xx –** ____ OR **9xx – xx –** ____

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ______

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	☑ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
	Business name	Business name
	Business name	Business name
	Business name	Business name
	EIN	EIN
	EIN	EIN
5. Where you live		**If Debtor 2 lives at a different address:**
	48383 Sunburst Drive Number Street	Number Street
	Lexington Park MD 20653 City State ZIP Code	City State ZIP Code
	Saint Marys County	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
6. Why you are choosing this district to file for bankruptcy	*Check one:* ☑ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	*Check one:* ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☑ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ______

8. How you will pay the fee

☑ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☑ No

☐ Yes.

District ______ When ______ (MM / DD / YYYY) Case number ______

District ______ When ______ (MM / DD / YYYY) Case number ______

District ______ When ______ (MM / DD / YYYY) Case number ______

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☑ No

☐ Yes.

Debtor ______ Relationship to you ______

District ______ When ______ (MM / DD / YYYY) Case number, if known ______

Debtor ______ Relationship to you ______

District ______ When ______ (MM / DD / YYYY) Case number, if known ______

11. Do you rent your residence?

☑ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

- ☐ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ______

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☑ No. Go to Part 4.
☐ Yes. Name and location of business

Name of business, if any

Number Street

City State ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor?*

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☑ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☑ No
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property? ______

Number Street

City State ZIP Code

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ____________

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☑ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ____________

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- [x] No. Go to line 16b.
- [ ] Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- [ ] No. Go to line 16c.
- [x] Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer or business debts.

____

17. Are you filing under Chapter 7?

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- [ ] No. I am not filing under Chapter 7. Go to line 18.
- [x] Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
  - [x] No
  - [ ] Yes

18. How many creditors do you estimate that you owe?

[x] 1-49	[ ] 1,000-5,000	[ ] 25,001-50,000
[ ] 50-99	[ ] 5,001-10,000	[ ] 50,001-100,000
[ ] 100-199	[ ] 10,001-25,000	[ ] More than 100,000
[ ] 200-999		

19. How much do you estimate your assets to be worth?

[ ] $0-$50,000	[ ] $1,000,001-$10 million	[ ] $500,000,001-$1 billion
[ ] $50,001-$100,000	[ ] $10,000,001-$50 million	[ ] $1,000,000,001-$10 billion
[x] $100,001-$500,000	[ ] $50,000,001-$100 million	[ ] $10,000,000,001-$50 billion
[ ] $500,001-$1 million	[ ] $100,000,001-$500 million	[ ] More than $50 billion

20. How much do you estimate your liabilities to be?

[ ] $0-$50,000	[ ] $1,000,001-$10 million	[ ] $500,000,001-$1 billion
[ ] $50,001-$100,000	[ ] $10,000,001-$50 million	[ ] $1,000,000,001-$10 billion
[ ] $100,001-$500,000	[ ] $50,000,001-$100 million	[ ] $10,000,000,001-$50 billion
[x] $500,001-$1 million	[ ] $100,000,001-$500 million	[ ] More than $50 billion

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ______

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X **/s/ Josephine Cazares-Adams**	**X** ______
Josephine Cazares-Adams, Debtor 1	Signature of Debtor 2
Executed on **04/12/2017**	Executed on ______
MM / DD / YYYY	MM / DD / YYYY

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ______

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X ***/s/* Augustus T. Curtis** Date **04/12/2017**
Signature of Attorney for Debtor MM / DD / YYYY

Augustus T. Curtis
Printed name

Cohen, Baldinger & Greenfeld, LLC
Firm Name

2600 Tower Oaks Blvd.
Number Street

Suite 103

Rockville **MD** **20852**
City State ZIP Code

Contact phone **(301) 881-8300** Email address **augie.curtis@cohenbaldinger.com**

26653 **MD**
Bar number State

Fill in this information to identify your case and this filing:

Debtor 1	**Josephine**		**Cazares-Adams**
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) ____________________

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. **Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

☐ No. Go to Part 2.
☑ Yes. Where is the property?

1.1.

Fractional Ownership (1/12th) in Real Property in Mexico
Quinta Real Bahias de Huatulco
Oaxaca, Mexico

____
County

What is the property?
Check all that apply.

☐ Single-family home
☐ Duplex or multi-unit building
☑ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other ____________

Who has an interest in the property?
Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: ____________

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	**Current value of the portion you own?**
$80,000.00	**$80,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Joint Tenancy

☐ **Check if this is community property** (see instructions)

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here... ➔** **$80,000.00**

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases.*

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

☑ No
☐ Yes

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ____________

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☑ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here... ➔ **$0.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings
Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☑ Yes. Describe..... **Furniture including beds, bedroom bureaus, nightstands, chest of drawers, kitchen furniture and kitchenware, 2 Sofas, Dining Room Tables and Chairs.** **$1,200.00**

7. Electronics
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No
☑ Yes. Describe..... **Color television, Computer** **$200.00**

8. Collectibles of value
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☑ No
☐ Yes. Describe..... ____________

9. Equipment for sports and hobbies
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☑ No
☐ Yes. Describe..... ____________

10. Firearms
Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☑ No
☐ Yes. Describe..... ____________

11. Clothes
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No
☑ Yes. Describe..... **Clothing-blouses, dresses, skirts, shirts, sweaters, outerwear** **$1,000.00**

12. Jewelry
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No
☑ Yes. Describe..... **Jewelry and Costume jewelry** **$1,500.00**

13. Non-farm animals
Examples: Dogs, cats, birds, horses

☑ No
☐ Yes. Describe..... ____________

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ____________

14. Any other personal and household items you did not already list, including any health aids you did not list

☑ No
☐ Yes. Give specific information............ ____________

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here...... ➔ **$3,900.00**

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash
Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No
☑ Yes...... Cash: **$200.00**

17. Deposits of money
Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No
☑ Yes...... Institution name:

17.1.	Checking account:	**Navy Federal Checking Account**	**$13.08**
17.2.	Checking account:	**Citibank Checking Account**	**$97.57**
17.3.	Checking account:	**PNC Checking Account**	**$18.40**
17.4.	Savings account:	**Navy Federal Credit Union Savings Account**	**$178.20**
17.5.	Savings account:	**PNC Savings Account**	**$3.45**

18. Bonds, mutual funds, or publicly traded stocks
Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☐ No
☑ Yes...... Institution or issuer name:

Aarcom inc (100% Shareholder)	**$0.00**
Aeolus Energy Systems Inc. (100% Shareholder)	**$0.00**
Aeolus Energy Servicing, Inc. (100% Shareholder)	**$0.00**
Aeolus Energy Solutions Inc. (100% Shareholder)	**$0.00**
Aeolus Energy Sourcing, Inc. (100% Shareholder)	**$0.00**
Aeolus Energy Sea, Inc. (100% Shareholder)	**$0.00**

Debtor 1 **Josephine Cazares-Adams** Case number (if known)

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☑ No
☐ Yes. Give specific information about them......................... Name of entity: % of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments
Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☑ No
☐ Yes. Give specific information about them......................... Issuer name:

21. Retirement or pension accounts
Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No
☑ Yes. List each account separately.

Type of account:	Institution name:	
IRA:	**Citibank IRA**	**$229,534.00**

22. Security deposits and prepayments
Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☑ No
☐ Yes........................... Institution name or individual:

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

☑ No
☐ Yes........................... Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☑ No
☐ Yes........................... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☑ No
☐ Yes. Give specific information about them

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☑ No
☐ Yes. Give specific information about them

27. Licenses, franchises, and other general intangibles
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☑ No
☐ Yes. Give specific information about them

Debtor 1 **Josephine Cazares-Adams** Case number (if known)

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

☐ No
☑ Yes. Give specific information about them, including whether you already filed the returns and the tax years...................... **Federal: Federal and State Tax Refunds 2016. Amt: $19,000.00**

Federal: **$19,000.00**
State: **$0.00**
Local: **$0.00**

29. Family support
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☑ No
☐ Yes. Give specific information

Alimony:
Maintenance:
Support:
Divorce settlement:
Property settlement:

30. Other amounts someone owes you
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☑ No
☐ Yes. Give specific information

31. Interests in insurance policies
Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☑ No
☐ Yes. Name the insurance company of each policy and list its value................ Company name: Beneficiary: Surrender or refund value:

32. Any interest in property that is due you from someone who has died
If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

☑ No
☐ Yes. Give specific information

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment
Examples: Accidents, employment disputes, insurance claims, or rights to sue

☑ No
☐ Yes. Describe each claim........

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☑ No
☐ Yes. Describe each claim........

35. Any financial assets you did not already list

☑ No
☐ Yes. Give specific information

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.. ➔ **$249,044.70**

Debtor 1 Josephine Cazares-Adams Case number (if known) ______________

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☑ No. Go to Part 6.
☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

☑ No
☐ Yes. Describe.. ______________

39. Office equipment, furnishings, and supplies
Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☑ No
☐ Yes. Describe.. ______________

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☑ No
☐ Yes. Describe.. ______________

41. Inventory

☑ No
☐ Yes. Describe.. ______________

42. Interests in partnerships or joint ventures

☑ No
☐ Yes. Describe..... Name of entity: % of ownership:

43. Customer lists, mailing lists, or other compilations

☑ No
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?
  ☐ No
  ☐ Yes. Describe..... ______________

44. Any business-related property you did not already list

☑ No
☐ Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.. ➔ **$0.00**

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☑ No. Go to Part 7.
☐ Yes. Go to line 47.

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ____________

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals
Examples: Livestock, poultry, farm-raised fish

☑ No
☐ Yes....

48. Crops--either growing or harvested

☑ No
☐ Yes. Give specific information................

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☑ No
☐ Yes....

50. Farm and fishing supplies, chemicals, and feed

☑ No
☐ Yes....

51. Any farm- and commercial fishing-related property you did not already list

☑ No
☐ Yes. Give specific information................

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.. ➔ **$0.00**

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?
Examples: Season tickets, country club membership

☑ No
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here... ➔ **$0.00**

Debtor 1 **Josephine Cazares-Adams** Case number (if known)

Part 8: List the Totals of Each Part of this Form

55. **Part 1: Total real estate, line 2**		➔	**$80,000.00**
56. **Part 2: Total vehicles, line 5**	**$0.00**		
57. **Part 3: Total personal and household items, line 15**	**$3,900.00**		
58. **Part 4: Total financial assets, line 36**	**$249,044.70**		
59. **Part 5: Total business-related property, line 45**	**$0.00**		
60. **Part 6: Total farm- and fishing-related property, line 52**	**$0.00**		
61. **Part 7: Total other property not listed, line 54**	+ **$0.00**		
62. **Total personal property.** Add lines 56 through 61	**$252,944.70**	Copy personal property total ➔	+ **$252,944.70**
63. **Total of all property on Schedule A/B.** Add line 55 + line 62			**$332,944.70**

Fill in this information to identify your case:

Debtor 1	**Josephine**		**Cazares-Adams**
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	**DISTRICT OF MARYLAND**		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. **Which set of exemptions are you claiming?** *Check one only, even if your spouse is filing with you.*

☑ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on *Schedule A/B* that lists this property	**Current value of the portion you own** Copy the value from *Schedule A/B*	**Amount of the exemption you claim** *Check only one box for each exemption*	**Specific laws that allow exemption**
Brief description: **Furniture including beds, bedroom bureaus, nightstands, chest of drawers, kitchen furniture and kitchenware, 2 Sofas, Dining Room Tables and Chairs. (1st exemption claimed for this asset)** Line from *Schedule A/B:* **6**	**$1,200.00**	☑ **$1,000.00** ☐ 100% of fair market value, up to any applicable statutory limit	**Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)**

3. **Are you claiming a homestead exemption of more than $160,375?**
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☑ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Debtor 1 **Josephine Cazares-Adams** Case number (if known)

Part 2: Additional Page

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption*	Specific laws that allow exemption
Brief description: **Furniture including beds, bedroom bureaus, nightstands, chest of drawers, kitchen furniture and kitchenware, 2 Sofas, Dining Room Tables and Chairs. (2nd exemption claimed for this asset)** Line from *Schedule A/B*: 6	**$1,200.00**	☑ **$200.00** ☐ 100% of fair market value, up to any applicable statutory limit	**Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)**
Brief description: **Color television, Computer** Line from *Schedule A/B*: 7	**$200.00**	☑ **$200.00** ☐ 100% of fair market value, up to any applicable statutory limit	**Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)**
Brief description: **Clothing-blouses, dresses, skirts, shirts, sweaters, outerwear** Line from *Schedule A/B*: 11	**$1,000.00**	☑ **$1,000.00** ☐ 100% of fair market value, up to any applicable statutory limit	**Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)**
Brief description: **Jewelry and Costume jewelry** Line from *Schedule A/B*: 12	**$1,500.00**	☑ **$1,500.00** ☐ 100% of fair market value, up to any applicable statutory limit	**Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)**
Brief description: **Cash** Line from *Schedule A/B*: 16	**$200.00**	☑ **$200.00** ☐ 100% of fair market value, up to any applicable statutory limit	**Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)**
Brief description: **Navy Federal Credit Union Savings Account** Line from *Schedule A/B*: 17.4	**$178.20**	☑ **$178.20** ☐ 100% of fair market value, up to any applicable statutory limit	**Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)**
Brief description: **Navy Federal Checking Account** Line from *Schedule A/B*: 17.1	**$13.08**	☑ **$13.08** ☐ 100% of fair market value, up to any applicable statutory limit	**Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)**
Brief description: **Citibank Checking Account** Line from *Schedule A/B*: 17.2	**$97.57**	☑ **$97.57** ☐ 100% of fair market value, up to any applicable statutory limit	**Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)**

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ______

Part 2: Additional Page

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption*	Specific laws that allow exemption
Brief description: **PNC Savings Account** Line from *Schedule A/B*: **17.5**	**$3.45**	☑ **$3.45** ☐ 100% of fair market value, up to any applicable statutory limit	**Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)**
Brief description: **PNC Checking Account** Line from *Schedule A/B*: **17.3**	**$18.40**	☑ **$18.40** ☐ 100% of fair market value, up to any applicable statutory limit	**Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)**
Brief description: **Citibank IRA** Line from *Schedule A/B*: **21**	**$229,534.00**	☑ **$229,534.00** ☐ 100% of fair market value, up to any applicable statutory limit	**11 U.S.C. § 522(b)(3)(C)**
Brief description: **Federal and State Tax Refunds 2016** Line from *Schedule A/B*: **28**	**$19,000.00**	☑ **$6,000.00** ☐ 100% of fair market value, up to any applicable statutory limit	**Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)**

Fill in this information to identify your case:

Debtor 1	**Josephine**		**Cazares-Adams**
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	**DISTRICT OF MARYLAND**		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

☑ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☐ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A **Amount of claim** Do not deduct the value of collateral	*Column B* **Value of collateral that supports this claim**	*Column C* **Unsecured portion** If any

Add the dollar value of your entries in Column A on this page. Write that number here: **$0.00**

Fill in this information to identify your case:

Debtor 1 **Josephine** **Cazares-Adams**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property.* If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims against you?**
   - ☐ No. Go to Part 2.
   - ☑ Yes.

2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

   (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	$14,061.27	$14,061.27	$0.00

California Franchise Tax Board
Priority Creditor's Name
1000 N West Street
Number Street

Wilmington **CA** **19801**
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.
- ☑ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☑ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ________

Part 1: Your PRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

	Total claim	Priority amount	Nonpriority amount
2.2	$300.00	$300.00	$0.00

Florida Department of Revenue
Priority Creditor's Name
1415 W US Highway 90 STE 115
Number Street

Lake City **FL** **32055**
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___
When was the debt incurred? ________

As of the date you file, the claim is: Check all that apply.
- ☑ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☑ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify

	Total claim	Priority amount	Nonpriority amount
2.3	$339.00	$339.00	$0.00

Florida Department of Revenue
Priority Creditor's Name
5050 W Tennessee Street
Number Street

Tallahassee **FL** **32399**
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___
When was the debt incurred? ________

As of the date you file, the claim is: Check all that apply.
- ☑ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☑ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify

	Total claim	Priority amount	Nonpriority amount
2.4	$200.00	$200.00	$0.00

Maryland DLLR
Priority Creditor's Name
1100 North Eutaw Street, Room 401
Number Street

Baltimore **MD** **21201**
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___
When was the debt incurred? ________

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☑ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify

Debtor 1 **Josephine Cazares-Adams** Case number (if known)

Part 1: Your PRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

	Total claim	Priority amount	Nonpriority amount
2.5 Minnesota Department of Revenue	$45,558.82	$45,558.82	$0.00
2.6 New Mexico Dept of Taxation and Revenue	$15,040.54	$15,040.54	$0.00
2.7 Oklahoma Employment Security Commission	$8,768.98	$8,768.98	$0.00

2.5

Minnesota Department of Revenue
Priority Creditor's Name
332 Minnesota Street
Number Street

Saint Paul **MN** **55101**
City State ZIP Code

Last 4 digits of account number __ __ __ __

When was the debt incurred? ______

As of the date you file, the claim is: Check all that apply.
- ☑ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☑ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify

Is the claim subject to offset?
- ☑ No
- ☐ Yes

2.6

New Mexico Dept of Taxation and Revenue
Priority Creditor's Name
Audit and Compliance Division
Number Street
401 Broadway, NE

Albuquerque **NM** **87103**
City State ZIP Code

Last 4 digits of account number __ __ __ __

When was the debt incurred? ______

As of the date you file, the claim is: Check all that apply.
- ☑ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☑ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify

Is the claim subject to offset?
- ☑ No
- ☐ Yes

2.7

Oklahoma Employment Security Commission
Priority Creditor's Name
PO Box 52003
Number Street

Oklahoma City **OK** **73152**
City State ZIP Code

Last 4 digits of account number __ __ __ __

When was the debt incurred? ______

As of the date you file, the claim is: Check all that apply.
- ☑ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☑ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ____________

Part 1: Your PRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

	Total claim	Priority amount	Nonpriority amount
2.8 Oklahoma Tax Commission	$1,561.34	$1,561.34	$0.00
2.9 State of Delaware	$331.57	$331.57	$0.00
2.10 State of Washington	$40,838.28	$40,838.28	$0.00

2.8

Oklahoma Tax Commission
Priority Creditor's Name
2501 N Lincoln Blvd
Number Street

Oklahoma City **OK** **73194**
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.
- ☑ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☑ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify

2.9

State of Delaware
Priority Creditor's Name
615 South DuPont
Number Street

Dover **DE** **19901**
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.
- ☑ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☑ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify

2.10

State of Washington
Priority Creditor's Name
Department of Labor & Industries
Number Street
PO Box 34022

Seattle **WA** **98124**
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.
- ☑ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☑ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ______

Part 1: Your PRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

	Total claim	Priority amount	Nonpriority amount
2.11	$18,529.44	$18,529.44	$0.00

Texas Workforce Commission
Priority Creditor's Name
1067 Gilmer Street, Suite B
Number Street

Sulphur Springs **TX** **75482**
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___
When was the debt incurred? ______

As of the date you file, the claim is: Check all that apply.
- ☑ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☑ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify

	Total claim	Priority amount	Nonpriority amount
2.12	$66,947.25	$66,947.25	$0.00

Vermont Department of Taxes
Priority Creditor's Name
PO Box 588
Number Street

Montpelier **VT** **05601**
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___
When was the debt incurred? ______

As of the date you file, the claim is: Check all that apply.
- ☑ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☑ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify

	Total claim	Priority amount	Nonpriority amount
2.13	$252.55	$252.55	$0.00

West Virginia Tax Department
Priority Creditor's Name
PO Box 2745
Number Street

Charleston **WV** **25330**
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___
When was the debt incurred? ______

As of the date you file, the claim is: Check all that apply.
- ☑ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☑ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ____________

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☑ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.
If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

4.1

$30,161.36

Chase Visa
Nonpriority Creditor's Name
PO box 15123
Number Street

Wilmington DE 19850
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number 1 7 8 8

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Credit Card**

4.2

$11,450.00

Citibank, N.A.
Nonpriority Creditor's Name
Attn: Centralized Bankruptcy Dept.
Number Street
P.O. Box 20507

Kansas City MO 64195
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number 4 8 8 5

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Credit Card**

Debtor 1 **Josephine Cazares-Adams** Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3

Citibank, N.A.
Nonpriority Creditor's Name
Attn: Centralized Bankruptcy Dept.
Number Street
P.O. Box 20507

Kansas City **MO** **64195**
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 8 1 2 1

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Credit Card**

$21,128.62

4.4

FORA Financial Business Loans LLC
Nonpriority Creditor's Name
242 West 36th street, 14th Floor
Number Street

New York **NY** **10018-7748**
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☑ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number i o n s

When was the debt incurred? 11/13/2015

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Business Loan**

$139,123.00

4.5

Forward Financial
Nonpriority Creditor's Name
36 Bromfield Street, Suite 210
Number Street

Boston **MA** **02108**
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number i o n s

When was the debt incurred? 2/24/2016

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Business Loan**

$153,089.85

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ____________

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.6 — **$2,000.00**

PNC Bank
Nonpriority Creditor's Name
P.O. Box 5570
Number Street
Cleveland, OH 44101-0570
Mailstop BR-YB58-01-5

City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number __ __ __ __

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Credit Card**

4.7 — **$12,835.39**

Wells fargo bus loc solns mc 0112
Nonpriority Creditor's Name
Po box 51174
Number Street

Los angeles **CA** **90051-5474**
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number **0 1 1 2**

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Other**

4.8 — **$14,424.50**

Wells Fargo Business Ln Svcing
Nonpriority Creditor's Name
PO Box 51174
Number Street

Los Angeles **CA** **90051-5474**
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number **2 1 7 4**

When was the debt incurred? ____________

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Business Loan**

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ______

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9

Wells Fargo Card Services
Nonpriority Creditor's Name
PO Box 30086
Number Street

Los Angeles **CA** **90030-0086**
City State ZIP Code

$5,375.35

Last 4 digits of account number 9 6 9 5

When was the debt incurred? ______

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Credit Card**

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ____________

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. **Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.**

				Total claim
Total claims from Part 1	6a.	**Domestic support obligations**	6a.	**$0.00**
	6b.	**Taxes and certain other debts you owe the government**	6b.	**$212,729.04**
	6c.	**Claims for death or personal injury while you were intoxicated**	6c.	**$0.00**
	6d.	**Other.** Add all other priority unsecured claims. Write that amount here.	6d. +	**$0.00**
	6e.	**Total.** Add lines 6a through 6d.	6d.	**$212,729.04**

				Total claim
Total claims from Part 2	6f.	**Student loans**	6f.	**$0.00**
	6g.	**Obligations arising out of a separation agreement or divorce that you did not report as priority claims**	6g.	**$0.00**
	6h.	**Debts to pension or profit-sharing plans, and other similar debts**	6h.	**$0.00**
	6i.	**Other.** Add all other nonpriority unsecured claims. Write that amount here.	6i. +	**$389,588.07**
	6j.	**Total.** Add lines 6f through 6i.	6j.	**$389,588.07**

Fill in this information to identify your case:

Debtor 1	**Josephine**		**Cazares-Adams**
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) ____________

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**

☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for

Fill in this information to identify your case:

Debtor 1: **Josephine** (First Name) — (Middle Name) — **Cazares-Adams** (Last Name)

Debtor 2 (Spouse, if filing): First Name — Middle Name — Last Name

United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☑ Yes

2. Within the last 8 years, have you lived in a community property state or territory? *(Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☑ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D, Schedule E/F, or Schedule G* to fill out Column 2.

	Column 1: **Your codebtor**	*Column 2:* **The creditor to whom you owe the debt** Check all schedules that apply:
3.1	**Aeolus Energy Solutions** Name Number Street City State ZIP Code	☐ Schedule D, line ☑ Schedule E/F, line **4.4** ☐ Schedule G, line **FORA Financial Business Loans LLC**

Fill in this information to identify your case:

Debtor 1	**Josephine**		**Cazares-Adams**
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	**DISTRICT OF MARYLAND**		
Case number (if known)			

Check if this is:

☐ An amended filing

☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	☑ Employed ☐ Not employed	☑ Employed ☐ Not employed
Occupation	**Substitute Teacher**	**Program Manager**
Employer's name	**St. Mary's County Public Schools**	**Department of Defense**
Employer's address	**23160 Moakley Street** Number Street **Leonardtown MD 20650** City State Zip Code	**Patuxent River Naval Air Station** Number Street **Lexington parl MD 20653** City State Zip Code
How long employed there?	**1 month**	**12 years**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Debtor 1	For Debtor 2 or non-filing spouse
2.	**List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$341.25	$11,757.20
3.	**Estimate and list monthly overtime pay.**	3. +	$0.00	$0.00
4.	**Calculate gross income.** Add line 2 + line 3.	4.	$341.25	$11,757.20

Debtor 1 **Josephine Cazares-Adams** Case number (if known)

			For Debtor 1	For Debtor 2 or non-filing spouse
	Copy line 4 here .... ➔	4.	$341.25	$11,757.20
5.	**List all payroll deductions:**			
	5a. Tax, Medicare, and Social Security deductions	5a.	$26.09	$3,328.25
	5b. Mandatory contributions for retirement plans	5b.	$0.00	$94.06
	5c. Voluntary contributions for retirement plans	5c.	$0.00	$1,495.00
	5d. Required repayments of retirement fund loans	5d.	$0.00	$0.00
	5e. Insurance	5e.	$0.00	$81.49
	5f. Domestic support obligations	5f.	$0.00	$0.00
	5g. Union dues	5g.	$0.00	$0.00
	5h. Other deductions. Specify:	5h.+	$0.00	$0.00
6.	**Add the payroll deductions.** Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	$26.09	$4,998.80
7.	**Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$315.16	$6,758.40
8.	**List all other income regularly received:**			
	8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$0.00	$0.00
	8b. Interest and dividends	8b.	$0.00	$0.00
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$0.00	$0.00
	8d. Unemployment compensation	8d.	$0.00	$0.00
	8e. Social Security	8e.	$0.00	$0.00
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	$0.00	$0.00
	8g. Pension or retirement income	8g.	$0.00	$2,084.68
	8h. Other monthly income. Specify:	8h.+	$0.00	$0.00
9.	**Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	$0.00	$2,084.68

10. **Calculate monthly income.** Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. $315.16 + $8,843.08 = $9,158.24

11. **State all other regular contributions to the expenses that you list in Schedule J.**
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: 11. + $0.00

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies. 12. $9,158.24

Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**

☑ No.

☐ Yes. Explain:

None.

Fill in this information to identify your case:

Debtor 1	**Josephine**		**Cazares-Adams**
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	**DISTRICT OF MARYLAND**		
Case number (if known)			

Check if this is:
- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

____
MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**
   - ☑ No. Go to line 2.
   - ☐ Yes. **Does Debtor 2 live in a separate household?**
     - ☐ No
     - ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. **Do you have dependents?**

   Do not list Debtor 1 and Debtor 2.

   Do not state the dependents' names.

   - ☑ No
   - ☐ Yes. Fill out this information for each dependent....................

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?**
   - ☑ No
   - ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

		Your expenses
4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4.	**$1,462.16**
If not included in line 4:		
4a. Real estate taxes	4a.	
4b. Property, homeowner's, or renter's insurance	4b.	
4c. Home maintenance, repair, and upkeep expenses	4c.	**$500.00**
4d. Homeowner's association or condominium dues	4d.	**$90.00**

Debtor 1 **Josephine Cazares-Adams** Case number (if known)

			Your expenses
5.	**Additional mortgage payments for your residence,** such as home equity loans	5.	
6.	**Utilities:**		
	6a. Electricity, heat, natural gas	6a.	$211.00
	6b. Water, sewer, garbage collection	6b.	$132.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	$236.00
	6d. Other. Specify: Cell Phone/Security	6d.	$286.00
7.	**Food and housekeeping supplies**	7.	$900.00
8.	**Childcare and children's education costs**	8.	
9.	**Clothing, laundry, and dry cleaning** **(See continuation sheet(s) for details)**	9.	$340.00
10.	**Personal care products and services**	10.	$320.00
11.	**Medical and dental expenses**	11.	$10.00
12.	**Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12.	$400.00
13.	**Entertainment, clubs, recreation, newspapers, magazines, and books**	13.	$400.00
14.	**Charitable contributions and religious donations**	14.	$100.00
15.	**Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	$217.00
	15b. Health insurance	15b.	$47.10
	15c. Vehicle insurance	15c.	$216.00
	15d. Other insurance. Specify: Medicare Supplemental	15d.	$20.00
16.	**Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17.	**Installment or lease payments:**		
	17a. Car payments for Vehicle 1 Spouses Vehicle Pmt (Honda CRV)	17a.	$448.00
	17b. Car payments for Vehicle 2 Spouses Vehicle Pmt (Buick)	17b.	$340.00
	17c. Other. Specify:	17c.	
	17d. Other. Specify:	17d.	
18.	**Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**	18.	
19.	**Other payments you make to support others who do not live with you.** Specify:	19.	

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ____________

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a.	Mortgages on other property	20a.	
20b.	Real estate taxes	20b.	
20c.	Property, homeowner's, or renter's insurance	20c.	
20d.	Maintenance, repair, and upkeep expenses	20d.	
20e.	Homeowner's association or condominium dues	20e.	

21. Other. Specify: **See continuation sheet** 21. + **$1,846.00**

22. Calculate your monthly expenses.

22a.	Add lines 4 through 21.	22a.	**$8,521.26**
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.	
22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	**$8,521.26**

23. Calculate your monthly net income.

23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	**$9,158.24**
23b.	Copy your monthly expenses from line 22c above.	23b.	– **$8,521.26**
23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	**$636.98**

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☑ No.
☐ Yes. Explain here:
None.

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ____________

9. Clothing, laundry, and dry cleaning (details):

Clothing	**$300.00**
Laundry/Dry Cleaning	**$40.00**
Total:	**$340.00**

21. Other. Specify:

Spouse's Credit Card Payment	**$950.00**
Spouse's Car Payments (Spouse's Children)	**$596.00**
Spouse's Identity Guard	**$50.00**
Spouse's Support for His Children	**$250.00**
Total:	**$1,846.00**

Fill in this information to identify your case:

Debtor 1	**Josephine**		**Cazares-Adams**
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) ____________________

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. *Schedule A/B: Property* (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	**$80,000.00**
1b. Copy line 62, Total personal property, from Schedule A/B	**$252,944.70**
1c. Copy line 63, Total of all property on Schedule A/B	**$332,944.70**

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	**$0.00**
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	**$212,729.04**
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ **$389,588.07**
Your total liabilities	**$602,317.11**

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	**$9,158.24**
5. *Schedule J: Your Expenses* (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	**$8,521.26**

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ____________________

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☑ Yes

7. What kind of debt do you have?

☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☑ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income:* Copy your total current monthly income from Official Form 122A-1 Line 11; **OR,** Form 122B Line 11; **OR,** Form 122C-1 Line 14. ____________________

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F:*

From Part 4 on *Schedule E/F,* copy the following:	**Total claim**
9a. Domestic support obligations. (Copy line 6a.)	______
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	______
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	______
9d. Student loans. (Copy line 6f.)	______
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	______
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ ______
9g. **Total.** Add lines 9a through 9f.	______

Fill in this information to identify your case:

Debtor 1: **Josephine** (First Name) ___ (Middle Name) **Cazares-Adams** (Last Name)

Debtor 2 (Spouse, if filing): ___ First Name ___ Middle Name ___ Last Name

United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) ___

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☑ No

☐ Yes. Name of person ___ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X **/s/ Josephine Cazares-Adams**
Josephine Cazares-Adams, Debtor 1

Date **04/12/2017**
MM / DD / YYYY

X ___
Signature of Debtor 2

Date ___
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	**Josephine**		**Cazares-Adams**
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **DISTRICT OF MARYLAND**

Case number (if known) ____________________

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

☑ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

☑ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?
(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☑ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ______

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- [ ] No
- [x] Yes. Fill in the details.

	Debtor 1		Non-Filing Spouse	
	Sources of income Check all that apply.	**Gross income** (before deductions and exclusions	**Sources of income** Check all that apply.	**Gross income** (before deductions and exclusions
From January 1 of the current year until the date you filed for bankruptcy:	[x] Wages, commissions, bonuses, tips [ ] Operating a business	**$2,500.00**	[x] Wages, commissions, bonuses, tips [ ] Operating a business	**$41,046.80**
For the last calendar year: (January 1 to December 31, **2016**) YYYY	[x] Wages, commissions, bonuses, tips [ ] Operating a business	**$16,000.00**	[x] Wages, commissions, bonuses, tips [ ] Operating a business	**$145,257.00**
For the calendar year before that: (January 1 to December 31, **2015**) YYYY	[x] Wages, commissions, bonuses, tips [ ] Operating a business	**$76,800.00**	[x] Wages, commissions, bonuses, tips [ ] Operating a business	**$161,216.40**

5. Did you receive any other income during this year or the two previous calendar years?
Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- [ ] No
- [x] Yes. Fill in the details.

	Debtor 1		Non-Filing Spouse	
	Sources of income Describe below.	**Gross income from each source** (before deductions and exclusions	**Sources of income** Describe below.	**Gross income from each source** (before deductions and exclusions
From January 1 of the current year until the date you filed for bankruptcy:	**Rental Income**	**$0.00**		
For the last calendar year: (January 1 to December 31, **2016**) YYYY	**Rental Income**	**$13,237.86**		
For the calendar year before that: (January 1 to December 31, **2015**) YYYY	**Rental Income**	**$32,595.00**		

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ______

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $6,425* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of $6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

☑ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $600 or more?

☑ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of $600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

☑ No
☐ Yes. List all payments to an insider.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☑ No
☐ Yes. List all payments that benefited an insider.

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ____________

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☑ No
- ☐ Yes. Fill in the details.

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

- ☑ No. Go to line 11.
- ☐ Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☑ No
- ☐ Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☑ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than $600 per person?

- ☑ No
- ☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than $600 to any charity?

- ☑ No
- ☐ Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☑ No
- ☐ Yes. Fill in the details.

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ____________

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☐ No
- ☑ Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
InCharge Debt Solutions Person Who Was Paid **5750 Major Blvd., Ste. 300** Number Street **Orlando** **FL** **32819** City State ZIP Code Email or website address Person Who Made the Payment, if Not You	**Credit Counseling**	**11/07/16**	
Cohen, Baldinger & Greenfeld, LLC Person Who Was Paid **2600 Tower Oaks Blvd.** Number Street **Rockville** **MD** **20852** City State ZIP Code Email or website address Person Who Made the Payment, if Not You	**2000**		

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☑ No
- ☐ Yes. Fill in the details.

Debtor 1 **Josephine Cazares-Adams** Case number (if known)

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☐ No
☑ Yes. Fill in the details.

Person Who Received Transfer	Description and value of any property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Sandra Lynn Kinnaman 27319 Mistflower Drive Wesley Chapel, FL 33544 Person's relationship to you: None	**Sale of Real Estate on Mistflower Drive, $220,000.00, net proceeds $7,483.84**		**7/25/2016**
Joseph & Loretta Ingegnere 777 Ashley Drive #1105 Tampa, FL 33602 Person's relationship to you: None	**Sale of Condo Unit at Ashley Drive, Sale Price $212,299.54. Net Proceeds $28,958.91**		**7/5/2016**

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

☑ No
☐ Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No
☑ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Wells Fargo 3050 Waldorf Market Place Waldorf, MD 20603	XXXX- 1 0 4 9	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☑ Other **Checking 8699421049**	**August 2016**	**$48.53**

Debtor 1 **Josephine Cazares-Adams** Case number (if known)

Name of Financial Institution / Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Suntrust Bank **45156 1st Colony Way** **California, MD 20619**	XXXX- 8 0 5 6	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☑ Other **Savings #1000104598056**	**August 2016**	**$20.00**
Suntrust Bank **45156 1st Colony Way** **California, MD 20619**	XXXX- 3 1 5 8	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☑ Other **Checking 1000064633158**	**September 2016**	**$50.00**
Wells Fargo **3050 Waldorf Market Place** **Waldorf, MD 20603**	XXXX- 9 4 6 6	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☑ Other **Savings #5699529466**	**$41.13**	**$2,016.00**

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☐ No
☑ Yes. Fill in the details.

Name of Financial Institution / Address	Who else had access to it?	Describe the contents	Do you still have it?
Suntrust Bank **45156 1st Colony Way** **California, MD 20619**	**David Adams** **45156 1st Colony Way** **California, MD 20619**	**Personal Documents**	☑ No ☐ Yes

Debtor 1 **Josephine Cazares-Adams** Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☑ No
- ☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☑ No
- ☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ***Environmental law*** **means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.**
- ***Site*** **means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.**
- ***Hazardous material*** **means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.**

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☑ No
- ☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- ☑ No
- ☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☑ No
- ☐ Yes. Fill in the details.

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ______

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☑ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.
- ☑ Yes. Check all that apply above and fill in the details below for each business.

Aarcom Inc.
Business Name
5500 Tamberland Circle
Number Street
Suite 106
Pal Beach Gardens FL 33418
City State ZIP Code

Describe the nature of the business
Operations services on wind turbines

Name of accountant or bookkeeper

Employer Identification number
Do not include Social Security number or ITIN.

EIN: 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

Dates business existed

From 16, ended 8/3 To ______

Aeolus Energy Sourcing Inc
Business Name
1000 N. West Street
Number Street
#1200
Wilmington DE 19801
City State ZIP Code

Describe the nature of the business
None

Name of accountant or bookkeeper

Employer Identification number
Do not include Social Security number or ITIN.

EIN: __ __ – __ __ __ __ __ __ __

Dates business existed

From)14 ended 8/3 To ______

Aeolus Energy Solutions Inc.
Business Name
1000 N. West Street
Number Street
Suite 1200
Wilmington DE 19801
City State ZIP Code

Describe the nature of the business
Operations services on wind turbines

Name of accountant or bookkeeper

Employer Identification number
Do not include Social Security number or ITIN.

EIN: 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

Dates business existed

From 12, ended 8/3 To ______

Aeolus Energy Sea Inc.
Business Name
46940 S. Shangri La Drive #100
Number Street

Lexington Park MD 20653
City State ZIP Code

Describe the nature of the business
Operations services on offshore wind turbines

Name of accountant or bookkeeper

Employer Identification number
Do not include Social Security number or ITIN.

EIN: 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

Dates business existed

From 15, closed 8/3 To ______

Debtor 1 **Josephine Cazares-Adams** Case number (if known) ____________

Aeolus Energy Servicing Inc.
Business Name
1000 N. West Street
Number Street
Suite 1200
Wilmington **DE** **19801**
City State ZIP Code

Describe the nature of the business
Operations services on wind turbines

Name of accountant or bookkeeper

Employer Identification number
Do not include Social Security number or ITIN.

EIN: 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

Dates business existed

From l2, ended 8/3: **To** ____________

Aeolus Energy Systems Inc
Business Name
1000 N. West Street
Number Street
Suite 1200
Wilmington **DE** **19801**
City State ZIP Code

Describe the nature of the business
Management services

Name of accountant or bookkeeper

Employer Identification number
Do not include Social Security number or ITIN.

EIN: 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

Dates business existed

From l3, ended 8/3: **To** ____________

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☑ No
- ☐ Yes. Fill in the details below.

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Josephine Cazares-Adams
Josephine Cazares-Adams, Debtor 1

Date **04/12/2017**

X ____________________
Signature of Debtor 2

Date ____________

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☑ No
- ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☑ No
- ☐ Yes. Name of person ____________________ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MARYLAND
GREENBELT DIVISION

IN RE: **Josephine Cazares-Adams** CASE NO

CHAPTER **7**

VERIFICATION OF MAILING LIST

In accordance with Local Rule 1002, the above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of my knowledge. I also certify that the attached mailing list

[ ] is the first mailing list filed in this case.

[ ] adds entities not listed on previously filed mailing list(s).

[ ] changes or corrects names and address on previously filed mailing lists.

Date 4/12/2017 Signature **/s/ Josephine Cazares-Adams**
Josephine Cazares-Adams

Date ______________ Signature ______________

Aeolus Energy Solutions

California Franchise Tax Board
1000 N West Street
Wilmington CA 19801

Chase Visa
PO box 15123
Wilmington, DE 19850

Citibank, N.A.
Attn: Centralized Bankruptcy Dept.
P.O. Box 20507
Kansas City, MO 64195

Florida Department of Revenue
1415 W US Highway 90 STE 115
Lake City FL 32055

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399

FORA Financial Business Loans LLC
242 West 36th street, 14th Floor
New York, NY 10018-7748

Forward Financial
36 Bromfield Street, Suite 210
Boston, MA 02108

Maryland DLLR
1100 North Eutaw Street, Room 401
Baltimore MD 21201

Minnesota Department of Revenue
332 Minnesota Street
Saint Paul MN 55101

New Mexico Dept of Taxation and Revenue
Audit and Compliance Division
401 Broadway, NE
Albuquerque NM 87103

Oklahoma Employment Security Commission
PO Box 52003
Oklahoma City OK 73152

Oklahoma Tax Commission
2501 N Lincoln Blvd
Oklahoma City OK 73194

PNC Bank
P.O. Box 5570
Cleveland, OH 44101-0570
Mailstop BR-YB58-01-5

State of Delaware
615 South DuPont
Dover DE 19901

State of Washington
Department of Labor & Industries
PO Box 34022
Seattle WA 98124

Texas Workforce Commission
1067 Gilmer Street, Suite B
Sulphur Springs TX 75482

Vermont Department of Taxes
PO Box 588
Montpelier VT 05601

Wells fargo bus loc solns mc 0112
Po box 51174
Los angeles, CA 90051-5474

Wells Fargo Business Ln Svcing
PO Box 51174
Los Angeles, CA 90051-5474

Wells Fargo Card Services
PO Box 30086
Los Angeles, CA 90030-0086

West Virginia Tax Department
PO Box 2745
Charleston WV 25330